



APPLICATION FOR REDUCED SEWER SERVICE CHARGE

City of Chula Vista | Finance Department
276 Fourth Avenue
Chula Vista, CA 91910
(619) 691-5250

Please provide the following information.

If you have any questions regarding this application, please call (619) 691-5117 for assistance.

1. Name: _____
Last First MI Last 4 SSN#
2. Address: _____
Street City State Zip Code
3. Home Phone: _____ Work Phone: _____
4. Indicate the water district your address is located in:
Otay Water District _____ Sweetwater Authority _____ Cal-American _____
5. Sewer Account Number: _____
6. The number of members residing in your household: _____
7. Gross annual income for all members of your household: _____

CERTIFICATION

I, the undersigned, declare under penalty of perjury, that I am authorized to make this statement and that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct. I understand that this information will be used to determine whether I qualify for the reduced sewer service charge. I am aware that the City reserves the right to verify the total annual income or any other items on this application.

If any of the facts and conditions stated herein change to the extent that there no longer exists a right to the reduced sewer service charge, I acknowledge my responsibility to notify the City and the reduced rate shall no longer be in effect.

Name (*Please Print*)

Signature

Date

– For Office Use Only –

Reduced Rate (*Circle One*): Approved Denied

Received by: _____ Received Date: _____

Reviewed by: _____ Reviewed Date: _____

Approved by: _____ Approved Date: _____

Date processed in Springbrook: _____ Date emailed to Otay Water District: _____

Date forwarded to Engineering: _____

900-06F

June 2014



APPLICATION INSTRUCTIONS FOR REDUCED SEWER CHARGE

City of Chula Vista | Finance Department
276 Fourth Avenue
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(619) 691-5250

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING ITEMS:

1. Please complete the *Application for Reduced Sewer Service Charge* and return the completed application to the City of Chula Vista, Finance Department Sewer Billing. To determine your eligibility for this program, you must provide evidence of your reduced sewer service status (Chula Vista Municipal Code § 13.14.120).
2. Please provide a copy of the 2013 W-2 tax form for each household member.

OR

3. If you did not file a W-2 in 2013, please provide copies of check stubs indicating the total household income for 2013. Copies of check stubs should be provided for each household member.

OR

4. If you are receiving public assistance, an award letter from the Welfare Office must be provided along with a copy of a recent check.

OR

5. If you are receiving Social Security benefits, the 2013 Statement of Benefits of a copy of a recent check is acceptable. If you receive Social Security monies by direct deposit, a copy of a recent bank statement will satisfy this requirement.

If you have any questions regarding this application, please contact the Sewer Billing Division at (619) 691-5117 for assistance.

Applications, including all required documentation, may be submitted via mail, email, fax, or in person.

Mailed or in-person applications:

City of Chula Vista
Finance Department
276 Fourth Avenue
Chula Vista, CA 91910

Email applications to:

cvsewer@chulavistaca.gov

Fax applications to:

(619) 409-5814